

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**CALIFORNIA MADE PROGRESS TOWARD  
ACHIEVING PROGRAM GOALS FOR  
ENHANCING ITS PRESCRIPTION DRUG  
MONITORING PROGRAM**

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## Report in Brief

Date: December 2019

Report No. A-09-18-01006

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Audit

According to the Centers for Disease Control and Prevention (CDC), opioids were involved in more than 47,000 deaths in 2017, and opioid overdose deaths were 6 times higher in 2017 than in 1999. CDC has awarded funding to States to address the nonmedical use of prescription drugs and to address opioid overdoses. We are conducting a series of audits of States that have received CDC funding to enhance their prescription drug monitoring programs (PDMPs). We selected California for audit because it experienced a significant increase in the rate of drug overdose deaths during 2016 and 2017.

Our objectives were to (1) identify actions that California has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse and (2) determine whether California complied with certain Federal requirements.

### How OIG Did This Audit

We reviewed actions that California has taken to enhance and maximize its PDMP and that it proposed for CDC's "Prescription Drug Overdose: Prevention for States" grant for September 2015 through August 2018 (audit period). We examined California's status of completing 10 proposed activities and reviewed its documentation to determine whether it submitted reports in compliance with Federal requirements.

## California Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program

### What OIG Found

We identified actions that California has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse. As of November 2018, California had completed most of the activities it proposed for the CDC grant to enhance and maximize its PDMP.

Specifically, of the 10 activities proposed for our audit period, California had completed 8 activities, such as notifying eligible providers of the new law requiring registration of the PDMP and promoting the PDMP's registration and use; providing technical assistance to selected county health departments, health insurers, and health systems serving high-burden regions and counties; conducting outreach to promote registration and use of the PDMP; providing training and support for using the PDMP database; and exploring the feasibility of law and policy changes to expand who can access PDMP data.

California had partially completed the remaining two activities, such as monitoring PDMP registration and usage patterns for continuous quality improvement. According to California, it completed these activities by the end of the project period (August 31, 2019).

California complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators (required for awardees using PDMPs for public health surveillance).

### What OIG Recommends

This report contains no recommendations.

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## INTRODUCTION

### WHY WE DID THIS AUDIT

As a result of the national opioid epidemic, Federal funding to the Department of Health and Human Services' (HHS's) prevention and treatment programs has increased to help curb opioid abuse and misuse. According to the Centers for Disease Control and Prevention (CDC), opioids were involved in more than 47,000 deaths in 2017, and opioid overdose deaths were 6 times higher in 2017 than in 1999. CDC has awarded funding to States as part of HHS's strategic effort to address the nonmedical use of prescription drugs and to address opioid overdoses. States use these funds for prevention strategies to improve safe prescribing practices and prevent prescription drug overuse, misuse, abuse, and overdoses.

To track the prescribing and dispensing of prescription drugs, States use prescription drug monitoring programs (PDMPs), which are State-run electronic databases. Because the States' PDMPs operate independently, PDMP capabilities and usage vary from State to State. PDMP data may be used to identify patients at risk of misusing prescription opioids and clinicians with inappropriate prescribing and dispensing practices.

We are conducting a series of audits of States that have received CDC funding to enhance their PDMPs. (Appendix C lists related Office of Inspector General reports.) We selected for audit the California Department of Public Health (State agency) because California experienced a significant increase in the rate of drug overdose deaths during 2016 and 2017.

### OBJECTIVES

Our objectives were to (1) identify actions that the State agency has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse and (2) determine whether the State agency complied with certain Federal requirements.

### BACKGROUND

#### **CDC's "Prescription Drug Overdose: Prevention for States" Program**

CDC provided grant funds to 29 States under the program entitled "Prescription Drug Overdose: Prevention for States" (PfS). The PfS program helps States combat the ongoing prescription-drug-overdose epidemic (particularly the abuse, misuse, and inappropriate prescribing of opioid pain relievers) by providing State health departments with resources and support needed for preventing overdoses.

States may advance four prevention strategies: two are required, and two are optional.<sup>1</sup> One of the required strategies is to enhance and maximize a State PDMP. All applicants for funding are required to propose two or more substrategies to enhance the use of PDMPs.<sup>2</sup> If one of these substrategies is public health surveillance, the State must publicly report five indicators, known as CDC-directed indicators, as specified in the funding opportunity announcement. (Appendix B lists the five indicators.) For each strategy, the State submits to CDC a Work Plan listing the proposed activities to be completed.

All HHS grant recipients, including States receiving CDC grant funding, must comply with all terms and conditions outlined in the notice of award. The State agency's notice of award for the CDC grant required that the State agency submit to CDC the Annual Performance Report no later than 120 days before the end of the budget period and the annual Federal Financial Report no later than 90 days after the end of the budget period.<sup>3</sup>

### **California's Prescription Drug Monitoring Program**

The State agency collaborated with California's Department of Justice (DOJ) to promote and improve the State's PDMP and its usage. DOJ developed and maintained the State's PDMP to assist (1) healthcare practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances and (2) law enforcement and regulatory agencies in their efforts to control the diversion and resulting abuse of Schedules II, III, and IV controlled substances.<sup>4</sup> The PDMP is also used for statistical analysis, education, and research. The State's PDMP is called the Controlled Substance Utilization Review and Evaluation System (CURES). For our audit period, the version of CURES was 2.0.

The CURES PDMP pilot program was initiated in 1997 and became permanent in 2005. In 2014, the State agency created the Statewide Opioid Safety (SOS) Workgroup, which brought together over 40 State and nongovernmental agency representatives to improve coordination

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<sup>1</sup> The two required strategies are (1) enhance and maximize a State PDMP and (2) implement community or insurer health system interventions aimed at preventing prescription drug overdose and abuse. The two optional strategies are (1) conduct policy evaluations to reduce prescription drug overdose morbidity and mortality and (2) develop and implement Rapid Response Projects.

<sup>2</sup> The substrategies for enhancing and maximizing a State PDMP are (1) move toward universal PDMP registration and use, (2) conduct public health surveillance with PDMP data and publicly disseminate reports quarterly or semiannually on CDC-directed metrics, (3) make PDMPs easier to use and access, (4) expand and improve proactive reporting, and (5) move toward a real-time PDMP.

<sup>3</sup> The Annual Performance Report consists of the State agency's progress on each strategy, population data, and PDMP indicators. The Federal Financial Report includes information on funds authorized and disbursed during the timeframe covered by the report. Budget periods usually are 12 months long; however, shorter or longer periods may be established for programmatic or administrative reasons.

<sup>4</sup> Cal. Health & Safety Code § 11165.

and expand joint efforts to address opioid misuse, addiction, and overdose deaths. CURES is an integral part of those efforts.

The State agency received a CDC grant for the PfS program with a project period from September 1, 2015, through August 31, 2019. From September 1, 2015, through August 31, 2018 (audit period), the State agency was awarded \$3,757,200<sup>5</sup> for work on the 2 required prevention strategies (grant number 5NU17CE002747-04-00) and proposed 15 activities<sup>6</sup> related to the first required strategy (for enhancing and maximizing its PDMP). In its Work Plan, for the 10 activities covered by our audit, the State agency said that it would:

- develop and disseminate outreach materials to notify all eligible providers of the new State law requiring practitioners and pharmacists to register with CURES<sup>7</sup> and promote registration;
- develop initial content and a format for county health departments' de-identified<sup>8</sup> CURES prescribing reports;<sup>9</sup>
- prepare content and a format for the State agency's de-identified data reports;
- prepare de-identified CURES and health data for public health surveillance;
- provide technical assistance to selected county health departments, health insurers, and health systems serving high-burden regions and counties;<sup>10</sup>
- conduct outreach events to promote registration and use of CURES;
- provide training and support for using CURES;

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<sup>5</sup> This amount includes \$939,300 that the State agency received on August 20, 2018, for the project period (September 1, 2018, through August 31, 2019).

<sup>6</sup> Because 5 of the 15 proposed activities were not funded by the PfS grant, our audit covered 10 activities.

<sup>7</sup> California requires healthcare practitioners authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, or IV controlled substances to register for access to CURES by July 1, 2016, or upon receipt of a Drug Enforcement Administration registration, whichever occurs later. California also requires pharmacists to register for access to CURES by July 1, 2016, or upon licensure, whichever occurs later (Cal. Health & Safety Code §§ 11165.1(a)(1)(A)(i) and (ii)).

<sup>8</sup> "De-identification" refers to the process of removing identifiers (such as name, address, birth date, and Social Security number) from health information, making the health information unidentifiable with a specific individual.

<sup>9</sup> These reports include CURES data on the dispensing of opioid prescriptions.

<sup>10</sup> These are high-prescribing areas and counties with the highest opioid overdose rates.

- explore the feasibility of law and policy changes to expand who can access CURES data;
- monitor registration and usage patterns for continuous quality improvement; and
- assess the level of quality and effectiveness of de-duplication<sup>11</sup> system and protocols.

The State agency said that with this CDC grant for the PfS program, it (1) developed one of the first comprehensive State opioid surveillance dashboards with visualization and query functions,<sup>12</sup> (2) funded the assessment of CURES 2.0 de-duplication processes to provide a report to DOJ on potential improvements, (3) disseminated information on CURES mandatory registration and use requirements, (4) promoted education and training on the CURES 2.0 rollout and increased usage through the SOS Workgroup and other partners as a central part of appropriate opioid stewardship, and (5) supported safe prescribing guidelines across the State.

## **HOW WE CONDUCTED THIS AUDIT**

Our audit covered actions that the State agency has taken to enhance and maximize its PDMP and that it proposed for CDC’s PfS grant for our audit period. We examined the State agency’s status of completing the 10 proposed activities covered by our audit as of November 2018 (i.e., before the end of the project period) and its plans to address the uncompleted activities. We also identified challenges that the State agency experienced in completing the activities. In addition, we reviewed the State agency’s documentation to determine whether the State agency complied with Federal requirements for submitting reports and reporting the CDC-directed indicators.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

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<sup>11</sup> “De-duplication” refers to the process of linking all records that refer to the same person to produce one record for that person.

<sup>12</sup> The State agency calls its dashboard the California Opioid Overdose Surveillance Dashboard. It is available at <https://discovery.cdph.ca.gov/CDIC/ODdash/>. Accessed on August 12, 2019.

## RESULTS OF AUDIT

We identified actions that the State agency has taken, using Federal funds for improving PDMPs, to achieve program goals toward improving safe prescribing practices and preventing prescription drug abuse and misuse. As of November 2018, the State agency had completed most of the activities it proposed for the CDC PfS grant to enhance and maximize its PDMP. Specifically, of the 10 activities proposed for our audit period, 8 were completed, and the remaining 2 were partially completed. The table on the following page provides a summary of the State agency's completion status for these activities as of November 30, 2018 (the end of our audit period) and August 31, 2019 (the end of the PfS program project period).

The State agency complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators.<sup>13</sup>

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<sup>13</sup> The State agency reports the CDC-directed indicators to CDC in the Annual Performance Report and makes the CDC-directed indicators publicly available in the dashboard.

**Table: State Agency’s Completion Status for Proposed Activities**

Activity	Completion Status	
	End of Audit Period (11/30/2018)	End of Project Period (8/31/2019) <sup>14</sup>
<b>Move Toward Universal Registration and Use</b>		
Develop and disseminate outreach materials to notify all eligible providers of the new State law requiring practitioners and pharmacists to register with CURES and promote registration.	Completed	✓
<b>Conduct Public Health Surveillance and Publicly Disseminate Reports</b>		
Develop initial content and format for county health departments’ de-identified CURES prescribing reports.	Completed	✓
Prepare content and format for the State agency’s de-identified data reports.	Completed	✓
Prepare de-identified CURES and health data for public health surveillance.	Completed	✓
Provide technical assistance to selected county health departments, health insurers, and health systems serving high-burden regions and counties.	Completed	✓
<b>Make PDMPs Easier To Use and Access</b>		
Conduct outreach events to promote registration and use of CURES.	Completed	✓
Provide training and support for using CURES.	Completed	✓
Explore the feasibility of law and policy changes to expand who can access CURES data.	Completed	✓
Monitor registration and usage patterns for continuous quality improvement.	Partially Completed	✓ <sup>15</sup>
<b>Expand and Improve Proactive Reporting</b>		
Assess the level of quality and effectiveness of de-duplication system and protocols.	Partially Completed	✓ <sup>16</sup>

<sup>14</sup> A “✓” (checkmark) indicates that the State agency had completed the activity by the end of the project period.

<sup>15</sup> On September 25, 2019, the State agency said that the activity had been completed.

<sup>16</sup> See footnote 15.

## **THE STATE AGENCY COMPLETED EIGHT ACTIVITIES TO ENHANCE ITS PRESCRIPTION DRUG MONITORING PROGRAM**

As of November 2018, the State agency had completed eight activities related to moving toward universal PDMP registration and use, conducting public health surveillance with PDMP data and publicly disseminating reports on CDC-directed metrics, and making PDMPs easier to use and access.

### **The State Agency Completed One Activity Related to Moving Toward Universal Prescription Drug Monitoring Program Registration and Use**

The State agency said that it would develop and disseminate outreach materials to notify all eligible providers of the new State law requiring practitioners and pharmacists to register with CURES and promote registration.

The State agency said that it had a direct role in promoting the implementation of the mandatory registration law and monitoring its impact (i.e., registration and usage rates). The State agency said that it collaborated with DOJ by notifying providers and dispensers of the new law and promoted registration with CURES through outreach and educational efforts at multiple levels and across agencies and systems in the State. In addition, the State agency said that educational materials (including CURES registration instruction guides, frequently asked questions and answers, and direct letters to prescriber members) were distributed through several channels, such as the SOS Workgroup, local health departments, California regulatory boards, and the local opioid safety coalitions. These materials were made available on the CURES 2.0, State agency, and associated licensing board websites. As a result, from January through December 2016, the number of registered prescribers increased from 44,413 to 121,895, or by 174 percent, and the number of registered pharmacists increased from 23,752 to 38,789, or by 63 percent.<sup>17</sup>

### **The State Agency Completed Four Activities Related to Conducting Public Health Surveillance and Publicly Disseminating Reports**

The State agency said that it would (1) develop initial content and format for county health departments' de-identified CURES prescribing reports, (2) prepare content and format for the State agency's de-identified data reports, (3) prepare de-identified CURES and health data for public health surveillance, and (4) provide technical assistance to selected county health departments, health insurers, and health systems serving high-burden regions and counties.

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<sup>17</sup> "Prescription Drug Monitoring Program: Registration and Use by Prescribers and Pharmacists Before and After Legal Mandatory Registration, California, 2010–2017," *American Journal of Public Health* (Dec. 2018, published online Nov. 7, 2018). Available at <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2018.304704>. Accessed on June 4, 2019.

### *County Health Departments' CURES Prescribing Reports*

The State agency said that it initially developed the content and format for county health departments' de-identified CURES prescribing reports and disseminated data in an Excel spreadsheet format. The State agency also said that it determined that an online dashboard would be a better format to share timely opioid-related data. It obtained de-identified CURES prescribing data from DOJ and used it on its dashboard. The dashboard provided user-friendly visualizations (i.e., maps, graphs, and charts) of all the CDC-directed indicators for both State and county-level prescription data. The State agency said that it had made State and county-level CURES data available on the dashboard in September 2016 and had activated downloadable versions of county reports in October 2017.

### *Content and Format for State Agency Data Reports*

The State agency said that it prepared the content and format for its de-identified data reports, which it made available on the dashboard in visual and tabular formats on a 24-hour basis. In addition to the CURES prescribing data, the dashboard included vital statistical data from the California Comprehensive Death File, which the State agency obtained from its Center for Health Statistics and Informatics. The dashboard also included hospital and emergency-department discharge data obtained from the Office of Statewide Health Planning and Development.

### *CURES and Health Data for Public Health Surveillance*

The State agency said that it prepared the de-identified CURES data and the health outcome data (i.e., deaths, hospitalizations, and emergency department visits) for public health surveillance and made it available on the dashboard. The dashboard provides 24-hour user-friendly access to State and local opioid prescription and health consequence data, downloadable two-page county reports, and access to the CDC-directed indicators. The State agency said that local health department and opioid safety coalitions used the dashboard data to assist in planning, implementation, and evaluation of local activities.

### *Technical Assistance for Selected County Health Departments, Health Insurers, and Health Systems*

The State agency said that it provided individual technical assistance to more than 30 local health departments and safe prescribing coalitions regarding access to and usage of data in the dashboard. Most of the technical assistance ranged from one-on-one technical support surrounding dashboard use to group-based webinars or presentations designed to introduce and promote the use of the dashboard for ongoing surveillance. The State agency said that it conducted at least five State-wide data taskforce meetings, four webinars, and four presentations regarding the dashboard.

## **The State Agency Completed Three Activities Related to Making Prescription Drug Monitoring Programs Easier To Use and Access**

The State agency said that it would (1) conduct outreach events to promote registration<sup>18</sup> and use of CURES, (2) provide training and support for using CURES, and (3) explore the feasibility of law and policy changes to expand who can access CURES data.

### *Outreach To Promote Use of CURES*

The State agency said that to promote the use of CURES, it supported State licensing boards and local coalitions' outreach efforts by providing consultation, feedback, and technical assistance. In addition, the State agency and its partners coordinated the development of outreach educational materials for prescribers, dispensers, health systems, patients, and the general public. For example, several licensing boards in California provided informational materials regarding CURES 2.0 changes, including user guides, training videos, and registration instructions.

### *Training and Support for Using CURES*

To make CURES easier to use and access, the State agency said that it provided training and support for using CURES. For example, the State agency:

- sponsored regular DOJ CURES presentations and updates to participants of the SOS Workgroup, either in person or through webinars;
- incorporated content on using CURES into the Academic Detailing Opioid Stewardship curriculum (developed by the San Francisco Department of Public Health), which was used to provide training for “academic detailers”<sup>19</sup> who conducted over 100 one-on-one education sessions with prescribers; and
- developed and distributed a letter from the State agency’s director and health officer, which encouraged the use of CURES.

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<sup>18</sup> For outreach efforts to promote registration, refer to the section “The State Agency Completed One Activity Related to Moving Toward Universal Prescription Drug Monitoring Program Registration and Use.”

<sup>19</sup> Academic detailing is an interactive educational outreach method used to engage physicians around evidence-based information to improve patient care.

### *Expansion of Access to CURES*

The State agency said that access to CURES was expanded with the passage of the mandatory registration and usage laws.<sup>20</sup> In addition, the State agency, DOJ, and the California Health Care Foundation (CHCF) worked together to provide CURES data to counties through the CHCF LiveStories website starting in February 2016. DOJ provides CURES data on its website and by agreement directly to local health departments. The State agency said that since September 2016 it had provided expanded access to CURES data through its dashboard with its multiple functionalities (e.g., queries, maps, and State and county downloadable reports).

### **THE STATE AGENCY PARTIALLY COMPLETED TWO ACTIVITIES TO ENHANCE ITS PRESCRIPTION DRUG MONITORING PROGRAM**

As of November 2018, the State agency had partially completed two activities related to making PDMPs easier to use and access and expanding and improving proactive reporting.<sup>21</sup>

#### **The State Agency Partially Completed One Activity Related to Making Prescription Drug Monitoring Programs Easier To Use and Access**

The State agency said that it would monitor registration and usage patterns for continuous quality improvement.

The State agency said that it partially completed this activity and provided an estimated completion date. To accomplish this activity, the State agency said that its staff and its contractor, the UCDCM evaluation team, developed the methodology for monitoring registration and usage patterns by conducting analyses of CURES data. As a result, the State agency and the UCDCM evaluation team completed a survey of California physicians' and

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<sup>20</sup> California requires a healthcare practitioner authorized to prescribe, order, administer, or furnish a controlled substance to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, III, or IV controlled substance to the patient for the first time and at least once every 4 months thereafter if the substance remains part of the patient's treatment (Health and Safety Code § 11165.4(a)(1)(A)(i)). DOJ certified CURES for State-wide use on April 2, 2018. The mandate to consult CURES before prescribing, ordering, administering, or furnishing a Schedule II, III, or IV controlled substance became effective on October 2, 2018.

<sup>21</sup> The State agency said that the work for the two activities had been completed as of August 31, 2019, and all University of California Davis Medical Center (UCDCM) evaluation team's deliverables would be submitted to CDC in the November 27, 2019, final performance report.

pharmacists' experience with and attitudes about CURES 2.0<sup>22</sup> and produced two peer-reviewed journal articles.<sup>23, 24</sup>

The State agency said that the UCDCM evaluation team is preparing an article on monitoring CURES usage as a result of the mandatory usage law. In addition, in July and August 2018, the State agency and the UCDCM evaluation team completed a followup survey on prescriber and pharmacist attitudes, perceptions, and behaviors regarding CURES. They created the analytic plan, cleaned the survey data, and requested and received the prescription data for survey participants who agreed to allow their CURES data to be used in the evaluation. The State agency said that the results of the survey will be written up and included in the final deliverables to CDC on November 27, 2019.

The State agency said that although it has had a collaborative partnership with DOJ's CURES program, there had been challenges in working with DOJ, which is a separate statutory agency in California and is regulated by separate statutes. The State agency said that it could provide information and make recommendations about CURES to DOJ, but the current laws governing DOJ control the extent of further action.

### **The State Agency Partially Completed One Activity Related to Expanding and Improving Proactive Reporting**

The State agency said that it would assess the level of quality and effectiveness of de-duplication system and protocols.

The UCDCM evaluation team in consultation with the State agency used multiple software packages to test which application best "de-duplicates" the patient prescription records compared with CURES' existing application software. The State agency said that the process had "been a complex one with several administrative, process and technical steps, including establishing procedures to gain access to DOJ's CURES data, acquiring the right technical equipment and software, developing a methodology to test the software options, and implementing the series of analytic steps to conduct and evaluate the test strategies." The State agency said that the UCDCM evaluation team had completed the work and had produced a report.

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<sup>22</sup> California's Controlled Substance Utilization Review and Evaluation System, CURES 2.0, *Survey of California Physicians' and Pharmacists' Experience with and Attitudes about Cures 2.0*, November 2017. Available at [https://health.ucdavis.edu/vprp/pdf/2017/2017.11.CURES\\_Survey\\_Report.pdf](https://health.ucdavis.edu/vprp/pdf/2017/2017.11.CURES_Survey_Report.pdf). Accessed on March 12, 2019.

<sup>23</sup> See referenced article in footnote 17.

<sup>24</sup> "Psychosocial Correlates of Clinicians' Prescription Drug Monitoring Program Utilization," *American Journal of Preventive Medicine* (May 2018). Available at [https://www.ajpmonline.org/article/S0749-3797\(18\)31553-8/fulltext](https://www.ajpmonline.org/article/S0749-3797(18)31553-8/fulltext). Accessed on September 13, 2019.

In addition, the State agency said that the UCDMC evaluation team was working on developing a methodology to link CURES data with death data. The State agency said that if successful, it would allow linkage of hospital and emergency department data in the future. The State agency said that the report for this activity would be included in the final deliverables to CDC on November 27, 2019.

### **CONCLUSION**

As of November 30, 2018, the State agency had completed 8 of the 10 activities it proposed for our audit period and had partially completed the remaining 2 activities. According to the State agency, it completed the remaining activities by the end of the project period (August 31, 2019). In addition, the State agency complied with Federal requirements for submitting its Federal Financial Report and Annual Performance Report and publicly reporting the five CDC-directed indicators.

This report contains no recommendations.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

Our audit covered actions that the State agency has taken to enhance and maximize its PDMP and that it proposed for CDC's PFS grant for September 1, 2015, through August 31, 2018. We examined the State agency's status of completing the 10 proposed activities as of November 2018 (i.e., before the end of the project period) and its plans to address the uncompleted activities. We also identified challenges that the State agency experienced in completing the activities. In addition, we reviewed the State agency's documentation to determine whether the State agency complied with Federal requirements for submitting reports and reporting the CDC-directed indicators.

We did not review the State agency's overall internal control structure. Rather, we limited our review to determining whether the State agency had completed its proposed activities.

We performed our fieldwork from September 2018 to September 2019, which included visiting the State agency's office in Sacramento, California.

### METHODOLOGY

To accomplish our objectives, we:

- reviewed applicable Federal and State laws, regulations, and guidance;
- interviewed State agency officials to identify actions that the State agency has taken to enhance and maximize its PDMP;
- reviewed State agency documentation to determine actions that the State agency has taken to complete the proposed activities and each activity's current status;
- reviewed grant documents and reports to determine whether the State agency submitted the Federal Financial Report and Annual Performance Report and reported the CDC-directed indicators according to Federal requirements; and
- discussed the results of our audit with State agency officials.

We provided the State agency with a draft audit report on November 14, 2019, for review. The State agency elected not to provide any written comments.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions

based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## APPENDIX B: FIVE CDC-DIRECTED INDICATORS

CDC requires that awardees using PDMPs for public health surveillance publicly report the following 5 indicators:

- decrease in the percentage of patients receiving more than an average daily dose of greater than 100 morphine milligram equivalents<sup>25</sup> (across all opioid prescriptions);
- decrease in the rate of multiple provider episodes for prescription opioids (5 or more prescribers and 5 or more pharmacies in a 6-month period) per 100,000 residents;
- decrease in the percentage of patients prescribed long-acting/extended-release opioids who were opioid-naive (i.e., who have not taken prescription opioids in 60 days);
- decrease in the percentage of prescribed days overlap between opioid prescriptions; and
- decrease in the percentage of prescribed opioid days that overlap with benzodiazepine prescriptions.<sup>26</sup>

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<sup>25</sup> The number of milligrams of morphine an opioid dose is equal to when prescribed.

<sup>26</sup> Benzodiazepines are a class of agents that work in the central nervous system and are used for a variety of medical conditions.

**APPENDIX C: RELATED OFFICE OF INSPECTOR GENERAL REPORTS**

<b>Report Title</b>	<b>Report Number</b>	<b>Date Issued</b>
<i>New York Achieved Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	<a href="#"><u>A-02-18-02001</u></a>	8/8/2019
<i>The University of Kentucky Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	<a href="#"><u>A-04-18-02012</u></a>	5/30/2019
<i>Washington State Made Progress Toward Achieving Program Goals for Enhancing Its Prescription Drug Monitoring Program</i>	<a href="#"><u>A-09-18-01001</u></a>	4/15/2019